Patients’ Knowledge and Attitudes Toward Psychiatric Medication on Admission to an Inpatient Behavioral Health Unit

Krina H. Patel PharmD
Lehigh Valley Health Network

Edward R. Norris MD, FAPA, FAPM
Lehigh Valley Health Network, edward.norris@lvhn.org

Julia R. Correll BA
Lehigh Valley Health Network

Laurence P. Karper MD
Lehigh Valley Health Network, Laurence.Karper@lvhn.org

Mary Ellen O’Connell RN, MSN, MBA
Lehigh Valley Health Network, Mary_Ellen.OConnell@lvhn.org

See next page for additional authors

Follow this and additional works at: https://scholarlyworks.lvhn.org/psychiatry
Part of the Pharmacy and Pharmaceutical Sciences Commons, and the Psychiatry Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Authors
Krina H. Patel PharmaD; Edward R. Norris MD, FAPA, FAPM; Julia R. Correll BA; Laurence P. Karper MD; Mary Ellen O'Connell RN, MSN, MBA; and Michael Kaufmann MD
Patients’ Knowledge and Attitudes Toward Psychiatric Medication on Admission to an Inpatient Behavioral Health Unit

Krina H. Patel, PharmD, Edward R. Norris, MD, FAPM, Julia R. Correll, BA, Laurence P. Karper, MD, Mary Ellen O’Connell, RN, Michael W. Kaufmann, MD

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND
Psychiatric patients’ lack of adherence to medications is an on-going concern among mental health professionals. Patients’ understanding of their illness, medications, and intentions to take their prescribed medication are important factors in medication compliance. This study examined patients’ attitudes toward psychiatric medication, insight into their illness, and intentions to follow prescribed medication regimen at the time of admission to a psychiatric inpatient unit.

METHODOLOGY
Patients admitted to an inpatient behavioral health unit between February 2009 and February 2010 were asked to anonymously participate in this study. Participants completed a self-report survey to provide demographics and were asked, “Do you plan on taking your medication after discharge?” Participants completed the 30-item Drug Attitude Inventory (DAI30), which measures how patients view the use of psychiatric medications and the nature of their experiences on these drugs. Scores range from -50 to +50, with negative scores being associated with non-compliance, and positive scores being associated with compliance. Participants also completed the Birchwood Insight Scale (IS); this scale consists of 3 subscales that measure a patient’s awareness of symptoms, awareness of illness, and perceived need for treatment (each has a range of 0-4, combine to add up to full scale with range of 0-12); higher score indicates better insight.

RESULTS
Overall, 169 surveys were completed. 69% were female with a mean age of 40.1 years. 80% were Caucasian. 91% stated that they planned on taking their medications after discharge. The DAI30 score mean was 6.27 with 58% considered compliant and 42% considered non-compliant. The IS score mean was 8.48 with 44% having good insight into their symptoms, 59% having good insight into their illness, and 82% having good insight into their need for treatment. The IS total (M=8.80 vs. M=5.39, p=.000) and subscale scores (need for treatment M=3.45 vs. M=1.77, p=.000, awareness of illness M=2.87 vs. M=1.99, p=.000, awareness of symptoms M=2.90 vs. M=1.92, p=.000) were significantly higher for participants deemed compliant by their DAI30 score. Participants who said they would take their medication after discharge had significantly higher DAI30 scores (M=7.5 vs. M=4.8, p=.003) and significantly higher IS total (M=9.80 vs. M=5.39, p=.000) and subscale scores (need for treatment M=3.45 vs. M=1.77, p=.000, awareness of illness M=2.87 vs. M=1.99, p=.000, awareness of symptoms M=2.90 vs. M=1.92, p=.000).

CONCLUSIONS
Though 91% of participants stated they planned on taking their medication after discharge, only 58% had a compliant score on the DAI30. This suggests some ambivalence on the part of the participants. Overall, participants were more insightful regarding their need for treatment than their awareness of symptoms or awareness of illness. Providing participants with more education regarding these topics may increase their overall insight into the need for treatment and increase the likelihood of compliance.